



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/31/2019 Ending Date: 5/3/2019

Type of Report: (Check one)

☐ 8th day preceding preliminary ☒ 8th day preceding election ☐ 30 day after election ☐ year-end report ☐ dissolution

Amy L Marr

Candidate Full Name (if applicable)

School Committee

Office Sought and District

36 Ferry St South Grafton, MA 01560

Residential Address

E-mail: amy@themarrs.net

Phone # (optional):

The Committee to Elect Amy Marr

Committee Name

Gregory Marr

Name of Committee Treasurer

36 Ferry St South Grafton, MA 01560

Committee Mailing Address

E-mail: greg@themarrs.net

Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	0.00
Line 2: Total receipts this period (page 3, line 11)	649.50
Line 3: Subtotal (line 1 plus line 2)	649.50
Line 4: Total expenditures this period (page 5, line 14)	588.30
Line 5: Ending Balance (line 3 minus line 4)	61.20
Line 6: Total in-kind contributions this period (page 6)	170.00
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used:	Homefield Credit Union

RECEIVED TOWN CLERK
GRAFTON MA
MAY 9 PM 3:10

Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: Gregory Marr (Treasurer's signature) Date: 5/6/2019

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

Candidate with Committee

☒ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report.

Candidate without Committee

☐ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: [Signature] (Candidate's signature) Date: 5/6/2019

Schedule A: Receipts

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

<u>Date</u>	<u>Name and Residential Address</u>	<u>Amount</u>	<u>Occupation and Employer</u>
4/11/2019	Kaufman, Tracy 96 Pleasant St Grafton, MA 01519	\$100.00	
3/29/2019	Robbins, Sue 92 George Hill Road Grafton, MA 01519	\$60.00	
4/16/2019	Walsh, Jami 20 Oakwood Ln Worcester, MA 01604	\$150.00	
Total Itemized Receipts:		\$310.00	
Total Unitemized Receipts:		\$339.50	
Total Receipts:		<u>\$649.50</u>	

Schedule B: Expenditures

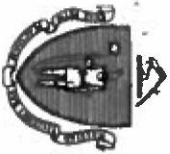
M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures over \$50 and under may be added together from committee records, and reported on line 13.

<u>Date</u> <u>Name and Address</u>		<u>Amount</u> <u>Purpose</u>
5/1/2019 Marr, Amy		\$581.92 Campaign Signs & Stakes
Total Itemized Expenditures:		\$581.92
Total Unitemized Expenditures:		\$6.38
Total Expenditures:		<u>\$588.30</u>

Schedule C: "Inkind" Contributions

Please itemize contributors who have made inkind contributions of more than \$50. In-kind contributions \$50 and under may be added together, from the committee's records, and included in line 16. An exception to this is that all contributions (under or over \$50) given by persons who have contributed more than \$50 in the calendar year must be itemized. Please report the names and addresses of contributors. Also give the occupation and employer of any contributor who has given an aggregate amount of \$200 or more in the calendar year.

<u>Date</u>	<u>Name and Residential Address</u>	<u>Value</u>	<u>Description, Occupation & Employer</u>
4/16/2019	Robbins, Sue	\$20.00	
	92 George Hill Road	0	
	Grafton, MA 01519		Campaign Buttons
4/16/2019	Theoharis, Lakis	\$150.00	
	92 Worcester St	0	
	Grafton, MA 01519		Food and Beverage For Meet The Candidate Event
Total Itemized In-kind Contributions:		\$170.00	
Total Unitemized In-kind Contributions:		\$0.00	
Total In-kind Contributions:		<u>\$170.00</u>	



Commonwealth
of Massachusetts

Form CPF R 1: Itemization of Reimbursements

Office of Campaign and Political Finance

Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement:	<u>5/1/2019</u>
Name of Individual Being Reimbursed:	<u>Amy L Marr</u>
Committee Name:	<u>The Committee to Elect Amy Marr</u>
CPF ID Number (if applicable):	<u>17169</u> Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
3/29/2019	Super Cheap Signs	9200 Waterford Centre Blvd Suite 100 Austin, TX 78758	200 Yard Signs	464.42
4/2/2019	eSigns via Amazon.com	410 Terry Ave North, Seattle, WA 98109	150 Yard Stakes	117.50

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	<u>581.92</u>
Line 2: Expenditures \$50 or under (not itemized):	
Line 3: TOTAL AMOUNT REIMBURSED:	<u>581.92</u>

Signed under the penalties of perjury:

Date: 5/1/2019
Signature of Candidate / Treasurer

Please prepare a separate report for each reimbursement check issued by the committee.